NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Primary Care Commissioning Committee
January 2020

TITLE OF REPORT:	Digital First Primary Care- Early Implementer Specification
AUTHOR(s) OF REPORT:	Jo Reynolds
MANAGEMENT LEAD:	Sarah Southall
PURPOSE OF REPORT:	Digital first Primary Care forms the basis of the Long Term Plan, this specification intends to enable practices to implement the programme of work ahead of when it is contractually required to do so, enabling patients to access sooner.
ACTION REQUIRED:	☒ **Decision** ☐ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• Practices are encouraged to increase uptake and implement additional sessions for the following services- - Patient Online - Online Triage - Online Booking - Integration with 111 - Video consultation
RECOMMENDATION:	That the board discus and agree the specification attached
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Patients will have improved access to medical services, and a greater depth of knowledge enabling self care
2. Reducing Health Inequalities in	New models will support those with long term conditions to access support, within remote locations enabling greater access to care

Wolverhampton	
3. System effectiveness delivered within our financial envelope	Encourage innovation and use of technology to transform the way that care is delivered and patients access services

1. BACKGROUND AND CURRENT SITUATION

The Long Term Plan sets out how the NHS will move to a new service model in which patients have more options and joined up care at the right time. Under the LTP, digital first primary care is to become an option for every patient, improving fast access to convenient care.

This is reinforced by the content of the GP contract, which states that all patients should have access to digital primary care services, as rapidly as possible.
A number of different digital models are rapidly emerging across England; these can also help alleviate workload challenges facing practices. For example, digital consultations can be more efficient for certain patients, thus helping free up time for more complex patients.

Digital primary care has the potential to improve access, quality and outcomes, through better data, more accurate diagnosis, and support tools for patients. For many patients, digital will become their channel of choice when interacting with the NHS. This is likely to be particularly true of 16-25 year olds. Progress on digital delivery will be important to maintain social solidarity behind the general practice model, and contract requirements will be updated annually as part of wider contract negotiations, to reflect advances in technology and delivery of the support promised in this agreement.

This specification also supports recommendations from the recent SBAR (situation, background, assessment, recommendation) that has taken place in light of GP at Hand moving into the STP area.

There is a risk to practices due to the disruptive innovation that GP at hand presents, as the target is the generally well, low users of PMS.

2. PROPOSAL

By embracing digitally enabled primary care as an early implementer, practices can influence the offer to their patients and identify the best methods to satisfy the criteria from the GP contact.

Enabling access to digital services will increase patient's choice about their care, and improve the way that they access services. The speed, in which patients are treated, either remotely or through self-care, is increased through digital services.

By utilising digitalised solutions practices can run more efficient, cost effective services, see a reduction in admin time and an increase in patients taking responsibility for their health needs.

The specification will focus on the following areas, to demonstrate and test the basis of digital services-

- Patient Online
- Online Triage
- Online Booking
- Integration with 111
- Video consultation

3. CLINICAL VIEW

Feedback from practices that have partially implemented these services is sought at regular intervals, with patient engagement being identified as an issue. There is a willingless to transform primary care through digital services, but practices and PCNs need the resources to enable this to happen.

4. PATIENT AND PUBLIC VIEW

For each of these areas, there will be an opportunity to feedback and issues or development needs that are identified by being an early adopter.

There are various resources available to support the engagement of patients and to create awareness within the practice list; however additional capacity and resource will be required from the practice to enable access to the services on offer.

Patient feedback to understand the advantages and any barriers to accessing and utilisation of online services will need to be gathered and submitted as part of the monitoring of this specification. This can be via Mjog, a forum or individual questionnaires.

5. KEY RISKS AND MITIGATIONS

Participating practices will need to be mindful of the existing demand places on the urgent care system, during core hours. That could be mitigated through more flexibility in options for patients, i.e. digital access. There will be recognition of patient use of the urgent care system in hours, and practices will be proactive in creating more flexible capacity that will meet patient need and will reduce the likely hood of patients presenting at UC locations. This will include scheduling

appointments and instigating interventions to counteract periods of demand. Capacity and resource will need to target this activity in order to divert patients away from Urgent care that can have their needs met within the community. Data is available to support Leads from the practice to develop this offer.

6. IMPACT ASSESSMENT

Financial and Resource Implications

Costs associated with implementation for this specification have been identified as the following-

Indicator	achievement	funding per patient
Payment for increasing patient online	increase of 10% on current baseline	0.12
Payment for increasing online consultation	increase of 10% footfall on practice website	0.12
Payment for meeting the target set for video consultation	1 apt utilised per day per 1000 patients	1.4
	TOTAL	1.64

All practices will have the opportunity to sign up to this specification; however it is acknowledged that a much lower take up is probable. Full potential costs are included in appendix B, and are broken down per practice for information.

Financial support has been identified from PMS delegated budget, up to the amount of £ 482,340.37

Quality and Safety Implications

Patients will have increased access to services, and to self help tools.
Case studies will be submitted to support learning of patient experience digitally. Any patient incidents shall be reported as per standard procedure.

Feedback from the full team will be submitted as part of the evaluation.

Equality Implications

6.1. Services will be available to all patients registered to participating practices. Barriers to access will be reviewed as part of the evaluation process.

Legal and Policy Implications

6.2. Not applicable for this report

Other Implications

6.3. Not applicable for this report

Name: Jo Reynolds
Job Title: Primary Care Transformation Manager
Date: 27/01/2020

ATTACHED:

Appendix A- Specification
Appendix B- Financial Breakdown

RELEVANT BACKGROUND PAPERS
(Including national/CCG policies and frameworks)

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	**Date**
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team	**Sunita Chhokar**	
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.)	**Stephen Cook/ Lisa Holder/ Mike Hastings**	
Any relevant data requirements discussed with CSU Business Intelligence	**Beth Goule**	
Signed off by Report Owner (Must be completed)	**J Reynolds**	**27/01/2020**

Appendix A- Service Specification

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Digital First Primary Care- Early Implementer
Commissioner Lead	Jo Reynolds
Provider Lead	
Period	15 weeks from sign up
Date of Review	31st March 2020

1. Population Needs
1.1 National/local context The Long Term Plan sets out how the NHS will move to a new service model in which patients have more options and joined up care at the right time. Under the LTP, digital first primary care is to become an option for every patient, improving fast access to convenient care. This is reinforced by the content of the GP contract, which states that all patients should have access to digital primary care services, as rapidly as possible. A number of different digital models are rapidly emerging across England; these can also help alleviate workload challenges facing practices. For example, digital consultations can be more efficient for certain patients, thus helping free up time for more complex patients. Digital primary care has the potential to improve access, quality and outcomes, through better data, more accurate diagnosis, and support tools for patients. For many patients, digital will become their channel of choice when interacting with the NHS. This is likely to be particularly true of 16-25 year olds. Progress on digital delivery will be important

to maintain social solidarity behind the general practice model, and contract requirements will be updated annually as part of wider contract negotiations, to reflect advances in technology and delivery of the support promised in this agreement.

Specific digital improvements

NHS England and GPC England have agreed eight specific improvements, backed by agreed contract changes, in areas where it is realistic to make early progress, given available functionality:

(I) all patients will have the right to online and video consultation by April 2021;

(ii) all patients will have online access to their full record, including the ability to add their own information, as the default position from April 2020, with new registrants having full online access to prospective data from April 2019, subject to existing safeguards for vulnerable groups and third party confidentiality and system functionality;

(iii) all practices will be offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate, as a default from April 2019;

(iv) All practices will ensure at least 25% of appointments are available for online booking by July 2019. This is staging post towards a shared ambition that all patients should have the maximum possible access to online appointment booking. NHS England will launch a public campaign in 19/20 to raise awareness of the ability to book appointments online. Subject to systems capability, where patients wish, and as part of concluding the NHS 111 call, NHS 111 could book into these appointments on their behalf where that is appropriate, rather than requiring patients to do so in a separate process;

(v) whilst a practice leaflet remains important, to recognise the changing habits of patients, all practices will need by April 2020 to have an up-to- date and informative online presence, with key information being available as standardised metadata for other platforms to use (for example the Access to Service Information (A2SI) Directory of Services Standard);

(vi) all practices will be giving all patients access online to correspondence by April 2020, as the system moves to digital by default (with patients required to opt-out rather than in);

(vii) by April 2020, practices will no longer use facsimile machines for either NHS or patient communications; and

(viii) from October 2019, practices will register a practice email address with MHRA CAS alert system and monitor the email account to act on CAS alerts where appropriate; notify the MHRA if the email address changes to ensure MHRA distribution list is updated; and register a mobile phone number (or several) to MHRA CAS to be used only as an emergency back up to email for text alerts when email systems are down.

With appropriate governance in place recognising patients' preferences, practices will be expected to share data for digital services as outlined in the NHS Long Term Plan, like the NHS App and including contributing data to Local Health and Care Record initiatives as they come online to support information sharing with other services, in line

with LHCR expectations for timeliness of data sharing.

As a critical enabler of the Personalised Care service specification, practices will also have the critical role in creating and updating care plans for all appropriate patients, in as near to real-time as possible, to the Summary Care Record and to Local Health and Care Records when they are available. This will enable patients, their carers and professionals involved in their care are able to see the same information.

This specification also supports recommendations from the recent SBAR (situation, background, assessment, recommendation) that has taken place in light of GP at Hand moving into the STP area.
There is a risk to practices due to the disruptive innovation that GP at hand presents, as the target is the generally well, low users of PMS.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	√
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	

3. Scope

3.1 Aims and objectives of service

By embracing digitally enabled primary care as an early implementer, practices can influence the offer to their patients and identify the best methods to satisfy the criteria from the GP contact.

Enabling access to digital services will increase patient's choice about their care, and improve the way that they access services. The speed, in which

patients are treated, either remotely or through self-care, is increased through digital services.

By utilising digitalised solutions practices can run more efficient, cost effective services, see a reduction in admin time and an increase in patients taking responsibility for their health needs.

Participating practices will need to be mindful of the existing demand places on the urgent care system, during core hours. That could be mitigated through more flexibility in options for patients, i.e. digital access. There will be recognition of patient use of the urgent care system in hours, and practices will be proactive in creating more flexible capacity that will meet patient need and will reduce the likely hood of patients presenting at UC locations. This will include scheduling appointments and instigating interventions to counteract periods of demand. Capacity and resource will need to target this activity in order to divert patients away from Urgent care that can have their needs met within the community. Data is available to support Leads from the practice to develop this offer.

3. 2 Service description

Practices are urged to become early implementers will be required to deliver on a series of actions, to demonstrate and test the basis of digital services.

Patient Online-

In order to access many of the digital services, patients will need to sign up to Patient Online. Practices will need to increase sign up of patients by 10% beyond the national target, through targeted campaigns and activity to enable sign up. Consideration will also be needed for those requiring proxy access, and a review of the practices process and the ease in which patients can sign up to Patient online will need to take place. Patients will be encouraged to download the app for patient online, and be supported to familiarise themselves with the functionality and layout.

Online triage-

Online triage will be installed on the practice website and actively encouraged by patients. Front line staff will utilise resources to support patients in accessing triage in the first instance, to ensure that any appointments booked are appropriate and those patients that can be treated in a different manner do so.

Online booking/ appointments filled-

Appointments will need to be made available through the Patient Online portal, enabling patients to access services without requiring a telephone call into the practice. These appointments should be released at regular intervals, to manage the flow of patients and support pressures on urgent care.

Pre bookable and same day provision will need to be available.

Integration with 111-
Minimum of 2 appointments per 1000 patients will need to be available per day to be directly bookable by 111, once available through the service.
The DoS will also need to be maintained with the services available to patients.

Video consultations-
Appointments will need to be identified and retained specifically for video consultations, at a rate of 1 appointment per 1000 patients per day. However, this can be consolidated to enable a full clinic to be provided of video consultations, frequency to be agreed as part of the delivery plan

There will need to be the ability for patients to book these appointments online and through reception. Patients will be actively encouraged by front line staff to utilise these appointments, as prebookable and same day provision.

Installation of hardware can be arranged where there is a need, with training for staff included.

For each of these areas, there will be an opportunity to feedback and issues or development needs that are identified by being an early adopter.

There are various resources available to support the engagement of patients and to create awareness within the practice list; however additional capacity and resource will be required from the practice to enable access to the services on offer.

Patient feedback to understand the advantages and any barriers to accessing and utilisation of online services will need to be gathered and submitted as part of the monitoring of this specification. This can be via Mjog, a forum or individual questionnaires.

3.3 Payment

Funding will support investment in resources, staff capacity and innovative activity.

Payment will be made on the following basis-

Indicator	achievement	funding per patient
Payment for increasing patient online	increase of 10% on current baseline	0.12

Payment for increasing online consultation	increase of 10% footfall on practice website	0.12
Payment for meeting the target set for video consultation	1 apt utilised per day per 1000 patients	1.4
	TOTAL	**1.64**

Funding will be released 50% of agreement of the delivery plan, and 50% upon demonstrable achievement of the targets.

3.6 Reporting Requirements

The delivery plan will be used to track activity taking place each month and confirm the outputs; a monitoring template to capture the quantitative data will also be issued. Case studies, good practice and issues will also be captured and submitted. This information should be provided with relevant progress updates by no later than Friday 10 April 2020.

Monitoring will focus on the following areas-

- The percentage of patients signed up to Patient online
- Number of hits on the practice website, and the pages viewed
- Number of patients recorded as completing the questions on the online triage portal
- The number of appointments bookable on line, that are available utilised and DNA
- The number of video consultation appointments that are available, booked and DNA as both pre-bookable and on the day
- The number of appointments available, booked and DNA via 111

A baseline will need to be submitted before implementation, and resubmitted with achievements post completion

Practices will maintain contact via an issues log.

3.7 Population covered

Patient population within the practice area

3.8 Timescales

Once the Expression of Interest is received, Practices have 15 weeks to implement and deliver the activity.

The final update confirming actions and outputs should be submitted to the CCG by no later than 15th May 2020.
4. Applicable Service Standards
4.1 Applicable national standards (e.g. NICE) All practices taking part in the scheme are expected to work within usual contractual terms and conditions. **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)** **4.3 Applicable local standards**
5. Applicable quality requirements and CQUIN goals
5.1 Applicable Quality Requirements (See Schedule 4A-C) - Case studies will be submitted to support learning of patient experience digitally. Any patient incidents shall be reported as per standard procedure. - Feedback from the full team will be submitted as part of the evaluation. **5.2 Applicable CQUIN goals (See Schedule 4D)** N/A
6. Location of Provider Premises
The Provider's Premises are located at:

Appendix B- Costs

PRACTICE		LIST SIZE	PAYMENT
East Network (previously North)			
M92001	POPLARS MEDICAL PRACTICE	3539.55	£ 5,804.86
M92004	PRIMROSE LANE	3386.69	£ 5,554.17
M92014	OXLEY SURGERY	2071.74	£ 3,397.65
M92022	ASHMORE PARK HEALTH CENTRE	4300.82	£ 7,053.34
M92041	PROBERT ROAD SURGERY	4244.58	£ 6,961.11
M92015	BILSTON HEALTH CENTRE (IH)	2693.44	£ 4,417.24
M92040	MAYFIELD MEDICAL CENTRE	8888.78	£ 14,577.60
M92627	THE BILSTON FAMILY PRACTICE	3741.36	£ 6,135.83
		32867	
West Network (previously East)			
M92008	CASTLECROFT MEDICAL PRACTICE	13139.44	£ 21,548.68
M92010	TETTENHALL MEDICAL PRACTICE	12977.74	£ 21,283.49
M92043	PENN SURGERY	6086.45	£ 9,981.78
M92640	THE SURGERY	2430.33	£ 3,985.74
Y02636	PENNFIELDS HEALTH CENTRE (IH)	4977.14	£ 8,162.51
		39611.1	
Wolverhampton Total Health			
M92016	TUDOR MEDICAL CENTRE & BRANCHES	17638.04	£ 28,926.39
M92629	FORDHOUSES MEDICAL PRACTICE	3075.95	£ 5,044.56
M92012	DUNCAN ST	10191.39	£ 16,713.88
M92630	EAST PARK MEDICAL PRACTICE	5678.21	£ 9,312.26
M92029	NEWBRIDGE SURGERY	5278.12	£ 8,656.12

M92607	WHITMORE REANS HEALTH CENTRE (& BRANCHES)	14460.75	£ 23,715.63
		56322.5	

North Network			
M92009	PRESTBURY MEDICAL PRACTICE	15717.68	£ 25,777.00
M92019	KEATS GROVE SURGERY	6462.89	£ 10,599.14
M92013	THE SURGERY, WODEN ROAD	7354.58	£ 12,061.51
M92039	CANNOCK ROAD MEDICAL PRACTICE	6975.27	£ 11,439.44
M92609	ASHFIELD ROAD SURGERY	5087.52	£ 8,343.53
M92654	MGS MEDICAL PRACTICE	6061.01	£ 9,940.06
Y02736	SHOWELL PARK HEALTH & WALK IN CENTRE	5168.44	£ 8,476.24
		52827.4	

South East Collaborative			
M92612	HEALTH AND BEYOND	23733.49	£ 38,922.92
M92649	BILSTON HEALTH CENTRE	4058.07	£ 6,655.23
Y02735	ETTINGSHALL MEDICAL CENTRE	4730.81	£ 7,758.53
M92654	MGS MEDICAL PRACTICE (SERVICES ONLY)	2000	£ 3,280.00
M92003	HILL ST SURGERY	1895.05	£ 3,107.88
Y02757	BILSTON URBAN VILLAGE MEDICAL CENTRE	6820.07	£ 11,184.91
M92024	PARKFIELDS	13727.66	£ 22,513.36
		56965.15	

North Neighbourhood			
M92002	ALFRED SQUIRE MEDICAL PRACTICE	9730.42	£ 15,957.89
M92026	THE SURGERY, WEDNESFIELD	3982.7	£ 6,531.63
M92028	THORNLEY ST SURGERY	9369.99	£ 15,366.78
		23083.1	

South Neighbourhood			
M92006	COALWAY ROAD SURGERY	5069.7	£ 8,314.31
M92007	LEA ROAD MEDICAL PRACTICE	7119.19	£ 11,675.47
M92011	PENN MANOR MEDICAL CENTRE	11750.22	£ 19,270.36
M92042	WEST PARK SURGERY	3947.06	£ 6,473.18
M92044	WARSTONES HEALTH CENTRE	4547.64	£ 7,458.13
		32433.8	
		294110	£ 482,340.37